Key discussion points

1. Reasons for giving a back-up/delayed prescription

- Reassure patient non-serious infection, body should able to clear
- Not possible to predict exactly how the illness will progress
- Would like patient to have access to antibiotic if symptoms worsen or not improve as expected

2. Specific number of days to wait

- Tailor number of days according to patient and/or typical illness duration
- Typical illness duration: Middle ear infection 8 days; sore throat 7-8 days; common cold 14 days; sinusitis 14-21 days; cough/bronchitis 21 days

Remember to provide self-care and safety-netting advice.

Example

⊁Don't say	"You don't need an antibiotic now but if your symptoms don't improve within X days, then you can use the back-up antibiotic prescription."
How some patients might interpret this	"Why not start the antibiotic now? What's the benefit to me to delay?"
✓ Say something like this	"Your immune system should be able to clear the [infection] by itself, without antibiotics. This [infection] usually lasts about X days. However, it is not always possible to predict how the illness will progress so I am giving you a back-up antibiotic prescription in case you need it later – wait X days and only use it before then if you are feeling worse. Antibiotics do not usually make the symptoms go away much quicker and you might get side effects, such as diarrhoea and nausea. [add relevant advice for symptom relief and safety netting]"
Coding	

Coding

Type '**deferred antibiotic'** or enter SNOMED/READ code* below directly into your prescribing system to enable you/your practice to assess the usefulness of back-up/delayed antibiotic prescriptions.

SNOMED – **XxKYH*** for deferred antibiotic therapy

READ – **8BPO*** for deferred antibiotic therapy

READ – 8CAk* for patient advised to delay filling of prescription

*code may vary among prescribing systems – check within your practice which one to use.

This document was developed as part of STEP-UP research study conducted by the University of Oxford and Imperial College London, October 2019. Find out more on: antibioticoptimisation.web.ox.ac.uk